

SECTION 3. PROJECTED BENEFIT USE YEAR

Is the Student Beneficiary currently in school?

☐ No☐ Yes, current grade is _____In what academic year do you expect the Student to enter college and/or turn 18-years old?
(This is referred to as the Projected Benefit Use Year. See Instructions, Chart A.)

Fall

2 0 ____**SECTION 4. PLAN SELECTION - Select your plan. Check both boxes if you are selecting a combination of the two plans.**

<input type="checkbox"/> Lump Sum Plan		<input type="checkbox"/> Custom Monthly Plan	
A. Current unit price	\$ 61	A. Select the number of units to purchase under the Custom Monthly Plan: <input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> 150 <input type="checkbox"/> 200 <input type="checkbox"/> 250 <input type="checkbox"/> 300 <input type="checkbox"/> 350 <input type="checkbox"/> 400 <input type="checkbox"/> 450 <input type="checkbox"/> 500	
B. Number of Lump Sum units I am paying for today*		B. Select the payment term (in years): <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18	
C. Total amount I am enclosing today for <u>Lump Sum units</u> * (A x B = C). You will receive a coupon book to make future purchases to your account.	\$	C. Monthly Payment Amount (See Instructions, Chart C.) Do <u>not</u> enclose a monthly payment today. Your first payment will be due in 60 to 90 days. You will receive a coupon book unless you have selected another payment option from Section 5 below. \$ _____	

***PLEASE NOTE: We can only accept checks, money orders or electronic payments for unit purchases. We do not accept credit/debit cards for unit purchases.**

SECTION 5. ADDITIONAL PAYMENT OPTIONS – Please check all that apply:

- ☐ A. Yes, I want to initiate automatic monthly withdrawals from my bank account. I have completed the ACH Authorization on page 4 of this enrollment form.
- ☐ B. Yes, I want to authorize deductions from my paycheck. I have completed the Payroll Deduction Authorization form found on GET's Web site at www.get.wa.gov. (View a list of participating GET Payroll Deduction Employers also on our Web site.)
- ☐ C. Yes, I want others to contribute to my GET account. I have completed the Giftor Authorization form found on GET's Web site at www.get.wa.gov.

SECTION 6. ENROLLMENT FEE - Please select one of the options below:

☐ A. I am enclosing my check or money order for my non-refundable \$50 enrollment fee. (Payment must be enclosed with enrollment form.)

☐ B. I authorize GET to pay my non-refundable \$50 enrollment fee by credit/debit card. ☐ VISA ☐ MC ☐ DISC ☐ AMEX

Credit/Debit Card # _____ Expiration Date _____ / _____

Cardholder Signature _____ Cardholder Name as shown on Card _____

☐ C. I am not enclosing the non-refundable \$50 enrollment fee, because I believe I qualify for an enrollment fee waiver (see instructions). I understand that the GET Program has final authority to approve all enrollment fee waivers. I am providing the GET account number (or SSN if you are opening the other accounts today and do not have an account number yet) for the accounts I have already paid the \$50 enrollment fee.

1. GET Account/SSN # _____ Student Beneficiary Name _____

2. GET Account/SSN # _____ Student Beneficiary Name _____

SECTION 7. PURCHASER SIGNATURE - REQUIRED

By signing this enrollment form I agree to the following:

- I have completed all required sections of this form and certify that the information provided is true and accurate to the best of my knowledge.
- I have read, fully understand and agree to all the terms and conditions of the Master Agreement and acknowledge that a penalty fee may apply for contract cancellation/termination.
- I certify that the student is a resident of Washington State.



Signature of Purchaser (or Legal Guardian if under 18 years of age)
Trustee, Officer or other Authorized Representative _____

Print full name _____ Date _____

SECTION 8. OTHER PERSONS

Part A - PURCHASER SURVIVOR - Do you want to name someone to become the purchaser in the event of the purchaser's death or incapacitation? ☐ Yes, complete this section ☐ No, skip to Part B.

Last Name First Middle Suffix (Jr., Sr., etc.)

SSN (Required) Date of Birth (MM/DD/YYYY) Gender: ☐ Male ☐ Female

☐ Check here if you want to use the same address as listed in the Purchaser Information in Section 1.

Mailing Address (complete street address including Apt # or PO Box)

City State Zip Email

Home phone # (Include area code) Work phone # Ext Other phone # (please specify type)

Part B - INFORMATION RELEASE - Do you want to authorize other individuals to receive verbal information about your account? ☐ Yes, complete this section ☐ No, skip to Part C.

☐ Check here if you want the Purchaser Survivor listed above to receive verbal information about the account.

Last Name First Middle Suffix (Jr., Sr., etc.)

SSN Date of Birth (MM/DD/YYYY) Gender: ☐ Male ☐ Female

☐ Check here if you want to use the same address as listed in the Purchaser Information in Section 1.

Mailing Address (complete street address including Apt # or PO Box)

City State Zip Email

Home phone # (Include area code) Work phone # Ext Other phone # (please specify type)

Part C - LEGAL GUARDIAN - Is the purchaser listed in Section 1 a minor (under 18 years of age)? ☐ Yes, You MUST complete this section ☐ No, skip to next section

LEGAL NAME

Last First Middle Suffix (Jr., Sr., etc.)

SSN (Required) Date of Birth (MM/DD/YYYY) Gender: ☐ Male ☐ Female

☐ Check here if you want to use the same address as listed in the Purchaser Information in Section 1.

Mailing Address (complete street address including Apt # or PO Box)

City State Zip Email

Home phone # (Include area code) Work phone # Ext Other phone # (please specify type)

SECTION 9. DEMOGRAPHIC INFORMATION

Student Relationship to Purchaser: ☐ Child ☐ Grandchild ☐ Great Grandchild ☐ Self ☐ Niece ☐ Nephew ☐ Ward (Legal Guardian)

☐ Other relation ☐ Not related/friend ☐ Other _____

Purchaser Ethnicity: ☐ African American ☐ American Indian or Alaskan Native ☐ Asian ☐ Caucasian ☐ Hispanic/Latino

☐ Native Hawaiian or other Pacific Islander ☐ Multiracial ☐ Other _____

Annual Household Income: ☐ Less than \$20,000 ☐ \$20,000 - \$29,999 ☐ \$30,000 - \$39,999 ☐ \$40,000 - \$49,999 ☐ \$50,000-\$79,999

☐ \$80,000 - \$100,000 ☐ Over \$100,000

Purchaser Education (check highest grade completed): ☐ K-12 ☐ High School Graduate/GED ☐ Certificate ☐ Associate Degree

☐ Bachelors Degree ☐ Masters Degree ☐ PhD/Doctorate Degree ☐ Other _____

Purchaser Age Range: ☐ Under 18 Yrs ☐ 18-24 Yrs ☐ 25-34 Yrs ☐ 35-44 Yrs ☐ 45-54 Yrs ☐ 55-64 Yrs ☐ 65 Yrs or older

SECTION 10. AUTOMATIC MONTHLY BANK WITHDRAWAL (ACH) AUTHORIZATION - Optional

A. Bank Account Holder Information

Name (First, Middle, Last, Suffix) _____ SSN _____

Street Address/Apt. # _____ Email _____

PO Box # _____ Telephone Number(s) _____

City _____ Home _____ Work _____

State / ZIP Code _____

B. Authorization

I hereby authorize the Guaranteed Education Tuition Program (GET) to initiate entries to my financial institution account indicated below and the financial institution indicated below to debit this same account. This authority remains in full force and effect until the GET office receives my written notification of its termination in such time and manner as to afford GET and the financial institution a reasonable opportunity to act on it. Revocation by notice to the financial institution is not sufficient. Also, GET may cancel my ACH and notify me in writing of such cancellation. I understand that withdrawals occur automatically on the 15th of each month, or on the next business day if the 15th falls on a weekend or holiday. In the event of unsuccessful debits, I understand that GET reserves the right to assess this GET account a returned ACH fee of \$15.00 per returned ACH withdrawal. I understand that GET will process my ACH request upon receipt of my signed authorization. GET will notify me in writing of the first expected ACH withdrawal date, but by signing this form, I acknowledge that GET may begin withdrawals even if I do not receive written notification prior to the first withdrawal date.

Account Type ☐ Checking (attach voided check – do NOT attach voided deposit slip)

☐ Savings (attach voided deposit slip - please be aware that some financial institutions do not allow for automatic withdrawal)

Withdrawal Amount \$ _____ per month



Bank Account Holder's Signature

Required for ACH Authorization _____ **Date** _____

Please **TAPE** a **checking account voided check** or a **savings account deposit slip** **HERE**. (Please do NOT staple)
(If you do **not** provide a checking account voided check, or a savings account deposit slip, please provide the following bank account information:)

Financial Institution Name _____ Telephone Number _____

City _____ State, ZIP Code _____

Transit Routing Number (9 digits) _____ Bank Account Number _____

Submit form to:

**Guaranteed Education Tuition
PO BOX 84824
Seattle WA 98124-6124**

GET Enrollment Form 2004-2005 Instructions

GENERAL INSTRUCTIONS:

- ☐ PLEASE PRINT OR TYPE ALL INFORMATION except your signature.
- ☐ Read the GET Program Brochure and Master Agreement for answers to the most frequently asked questions. Copies are available at the program Web site at www.get.wa.gov. If you need additional information or assistance in completing this enrollment form, please email Customer Service at GETInfo@hecb.wa.gov or call TOLL-FREE 1-877-438-8848, 8 a.m. to 5 p.m., PST, Monday through Friday (except state holidays).
- ☐ Complete a separate enrollment form for each student you enroll in the program.
- ☐ Complete all applicable sections of the enrollment form.
- ☐ Sign and date your enrollment form.
- ☐ If you are enclosing a rollover payment from another 529 program, enclose documentation (e.g., account statement) indicating the principal and earnings portion of the rollover amount.
- ☐ Pay the one-time \$50 enrollment fee per student at time of enrollment. A maximum of \$100 per family is charged where all accounts have the same Purchaser and the Students live at the same address. You may choose to pay your enrollment fee by credit/debit card. See specific instructions in Section 6 for more details.
- ☐ Make checks payable to Guaranteed Education Tuition. You may write one check for both the enrollment fee and lump sum units purchased.
- ☐ Submit form to:
Guaranteed Education Tuition
PO BOX 84824
Seattle WA 98124-6124
- ☐ **Enrollment forms must be completed online or postmarked by March 31, 2005.**

Important Payment Information:

Processing your enrollment form may take 60 days or more. Therefore, you may not receive enrollment confirmation or an account number before the unit price changes on May 1, 2005. To ensure that you purchase units at the current \$61 unit price, you should send full payment with this form. Payments must be **RECEIVED** by April 30, 2005 to purchase Lump Sum units at the current \$61 unit price. Payments on Custom Monthly plans will be due the 15th of the month, starting 60 to 90 days from the program's receipt of this enrollment form.

SPECIFIC INSTRUCTIONS:

Section 1 – Purchaser

The Purchaser is the individual responsible for payment and is the only one who may make changes to the account. If the Purchaser is an individual person complete Part A and Part C. If the Purchaser is a trust, corporation, non-profit or other entity type, skip Part A and complete Part B and C.

Part A Individual Purchasers

Enter the legal name of the Purchaser (one person only). If the Purchaser is a minor (under the age of 18), as may be the case when using funds from a UGMA/UTMA, check the box yes. You must complete the Guardian information in Section 8 Part C. Enter the Purchaser's social security number. GET is required to obtain this information for tax reporting purposes. Enter the Purchaser's date of birth and gender.

Part B Other types of Purchasers

Enter the legal name of the trust, corporation, non-profit or other entity type to be listed as the Purchaser. Enter the entity's Federal Employer Identification Number (EIN). GET is required to obtain this information for federal tax reporting purposes. Enter the name of the individual who is the authorized to sign on behalf of the entity. In the case of a trust, the trustee is usually the authorized representative. In the case of a non-profit organization or corporation, an officer of the entity is usually considered the authorized representative.

Part C Contact Information

Individual Purchasers (Part A) enter mailing address, email and phone number(s). For other types of Purchasers (Part B), if you want to specify a member of the organization other than the authorized representative as the primary contact, include the contact's name in the mailing address. (The contact, however, does not have the ability to make any changes to the account).

Section 2 – Student Beneficiary

If the Student already has an account with GET where you are listed as the Purchaser, and you wish to purchase more Lump Sum Units, you do not need to complete an additional enrollment form. Simply note on your coupon that this is a Lump Sum unit purchase and mail it with the payment to: GET, PO BOX 84824, Seattle WA 98124-6124. If you wish to add a Custom Monthly Plan to an existing Lump Sum Plan for the Student, simply complete and submit the Contract Change Form found on our Web site at www.get.wa.gov. Please contact customer service by email at GETInfo@hecb.wa.gov or by phone at 1-877-438-8848 for further guidance.

The Student must be a resident of Washington State to enroll in the program. If the Purchaser is also the Student for the new account, write "SAME AS PURCHASER" in Section 2 and skip to Section 3. Otherwise, enter the Student's legal name. Enter the Student's social security number. If the Student does not yet have a social security number, please write "**applied for**" and provide the number when you receive it. GET is required to obtain this information for tax reporting purposes. Enter the Student's birth date and gender. Enter the Student's mailing address, email and phone number(s).

Section 3 – Projected Benefit Use Year

If the Student is currently in Kindergarten through 12th grade, check the box yes and enter the current grade. Enter the academic year you expect the Student to enter college. See Chart A below.

CHART A – Student Projected Benefit Use Year

<u>Student Age/Grade</u> <u>as of August 31,</u> <u>2004</u>	<u>Standard Benefit Use</u> <u>Year</u>	<u>Student Age/Grade</u> <u>as of August 31,</u> <u>2004</u>	<u>Standard Benefit</u> <u>Use Year</u>	<u>Student Age/Grade</u> <u>as of August 31,</u> <u>2004</u>	<u>Standard Benefit</u> <u>Use Year</u>
Newborn, less than					
Age 1	Fall 2022	1st Grade	Fall 2016	7th Grade	Fall 2010
Age 1	Fall 2021	2nd Grade	Fall 2015	8th Grade	Fall 2009
Age 2	Fall 2020	3rd Grade	Fall 2014	9th Grade	Fall 2008
Age 3	Fall 2019	4th Grade	Fall 2013	10th Grade	Fall 2007
Age 4/5*	Fall 2018	5th Grade	Fall 2012	11th Grade	Fall 2007**
Kindergarten	Fall 2017	6th Grade	Fall 2011	12th Grade and Adults	Fall 2007**

*Students who are 5 years of age, but will not start kindergarten until next year.

**Washington law requires a two-year wait before benefits may be used.

Custom Monthly Plans purchased this year will be available, if paid in full, for Fall 2007.

Section 4 – Plan Selection

The GET Program offers two types of plans: The Lump Sum Plan and the Custom Monthly Plan. GET also offers a combination of the two plans. See Chart B for a summary of the plans.

If you are selecting the Lump Sum Plan, check the appropriate box and provide GET with the number of lump sum units you are paying for today and the total amount you are enclosing with the enrollment form for these units. (Please note: We do not accept credit/debit cards for unit purchases.)

If you are selecting the Custom Monthly Plan, review Chart C to determine your monthly payment. Mark the number of units you are contracting for and the number of years you will be making payments. For example, if your student is currently in the 2nd grade and you wanted to purchase 400 units, Chart A shows a projected benefit use year of Fall 2015. Chart C shows that you may make payments for up to 10 years based on a Fall 2015 projected benefit use year. As you scan across Chart C, you find the column labeled 400 units. Your monthly payment will be \$290 on a 10-year monthly payment schedule. After making all payments, the Student will have 400 units eligible for use, of which 125 may be used in any one academic year. You can choose to make payments over a shorter term, but you cannot select a term longer than 10 years because the contract must be paid in full for the Student to use the units in Fall 2015.

CHART B - Lump Sum and Custom Monthly Plan Comparisons

Lump Sum and Custom Monthly Plan Comparisons	Lump Sum Plan	Custom Monthly Plan
What is the minimum unit purchase?	One unit is required to open the account. After making the minimum purchase, you may purchase units in any increment including fractional units.	Sold in increments of 50 units.
What is the maximum number of units that I can purchase?	You may buy up to 500 units for each student. Although a student may have more than one account, the total combined units cannot exceed the 500 unit lifetime maximum per student.	You may buy up to 500 units for each student. Although a student may have more than one account, the total combined units cannot exceed the 500 unit lifetime maximum per student.
Is there a difference in the price of the units?	The current unit price is \$61. The unit price is set on September 1 and may be adjusted on May 1 of each year. You pay whatever the current unit price is at the time we <u>RECEIVE</u> your payment.	The unit price is fixed at \$61 and 7.5% interest is charged on the total contract when spreading payments over 1 to 18 years. Your set monthly payment will not increase, even after unit prices increase.
When can the Student Beneficiary begin using the Benefits?	<ul style="list-style-type: none"> Each unit purchased must be held for two years. The student must be enrolled in an eligible institution of higher education. The student must reach the benefit use year. Benefits may not be used to pay for college level courses offered through a high school. 	<ul style="list-style-type: none"> The contracted units must be paid in full. The account must be opened for two years. The student must be enrolled in an eligible institution of higher education. The student must reach the benefit use year. Benefits may not be used to pay for college level courses offered through a high school.
Can other people make contributions?	Anyone can make contributions to the account as long as the 500-unit maximum is not exceeded.	Anyone can make contributions to the account as long as the 500-unit maximum is not exceeded. The giftor can specify whether the contribution is to be applied to the set monthly payment or to purchase Lump Sum units at the unit price in effect at time the payment is received.
Do I have a payment due date?	No. You contribute at any time based on the unit price in effect at the time the payment is received.	Yes. Payments are due the 15 th of the month. A late fee will be posted to your account if the payment is not received by the 30 th of the month.

CHART C - Custom Monthly Plan Payments

Projected Benefit Use Year	Payment Term (in years)	Custom Monthly Plan Units									
		50	100	150	200	250	300	350	400	450	500
Fall 2007	1	\$ 268	\$ 533	\$ 799	\$ 1,065	\$ 1,331	\$ 1,597	\$ 1,863	\$ 2,129	\$ 2,394	\$ 2,660
Fall 2007	2	\$ 140	\$ 277	\$ 415	\$ 553	\$ 690	\$ 828	\$ 966	\$ 1,104	\$ 1,241	\$ 1,379
Fall 2008	3	\$ 97	\$ 192	\$ 287	\$ 382	\$ 477	\$ 572	\$ 668	\$ 763	\$ 858	\$ 953
Fall 2009	4	\$ 76	\$ 149	\$ 223	\$ 297	\$ 371	\$ 445	\$ 519	\$ 593	\$ 666	\$ 740
Fall 2010	5	\$ 63	\$ 124	\$ 185	\$ 246	\$ 307	\$ 369	\$ 430	\$ 491	\$ 552	\$ 613
Fall 2011	6	\$ 55	\$ 107	\$ 160	\$ 213	\$ 265	\$ 318	\$ 371	\$ 423	\$ 476	\$ 529
Fall 2012	7	\$ 49	\$ 95	\$ 142	\$ 189	\$ 235	\$ 282	\$ 329	\$ 375	\$ 422	\$ 469
Fall 2013	8	\$ 44	\$ 86	\$ 128	\$ 171	\$ 213	\$ 255	\$ 297	\$ 340	\$ 382	\$ 424
Fall 2014	9	\$ 41	\$ 79	\$ 118	\$ 157	\$ 196	\$ 234	\$ 273	\$ 312	\$ 351	\$ 390
Fall 2015	10	\$ 38	\$ 74	\$ 110	\$ 146	\$ 182	\$ 218	\$ 254	\$ 290	\$ 326	\$ 362
Fall 2016	11	\$ 36	\$ 69	\$ 103	\$ 137	\$ 171	\$ 205	\$ 238	\$ 272	\$ 306	\$ 340
Fall 2017	12	\$ 34	\$ 66	\$ 98	\$ 130	\$ 162	\$ 194	\$ 226	\$ 258	\$ 290	\$ 322
Fall 2018	13	\$ 32	\$ 63	\$ 93	\$ 124	\$ 154	\$ 184	\$ 215	\$ 245	\$ 276	\$ 306
Fall 2019	14	\$ 31	\$ 60	\$ 89	\$ 118	\$ 147	\$ 177	\$ 206	\$ 235	\$ 264	\$ 293
Fall 2020	15	\$ 30	\$ 58	\$ 86	\$ 114	\$ 142	\$ 170	\$ 198	\$ 226	\$ 254	\$ 282
Fall 2021	16	\$ 29	\$ 56	\$ 83	\$ 110	\$ 137	\$ 164	\$ 191	\$ 218	\$ 245	\$ 272
Fall 2022	17	\$ 28	\$ 54	\$ 80	\$ 107	\$ 133	\$ 159	\$ 185	\$ 212	\$ 238	\$ 264
Fall 2023	18	\$ 27	\$ 53	\$ 78	\$ 104	\$ 129	\$ 155	\$ 180	\$ 206	\$ 231	\$ 257

Section 5 – Payment Options

For your convenience, we will send you a coupon book for Lump Sum and/or Custom Monthly purchases. The GET Program offers a variety of other payment options including: automatic monthly bank account withdrawals, payroll deduction and customer directed bank transfers through our secure Web site. For more details about these options, please refer to our Program Brochure. If you want to initiate any of these other payment options, please check the appropriate boxes and submit the information required. (Note: We do not accept credit/debit cards for unit purchases.)

Section 6 – Enrollment Fee

The GET Program charges a one-time non-refundable \$50 enrollment fee per student when you enroll. If you are paying the enrollment fee by check or money order, check box A. If you are paying the enrollment fee by credit/debit card, check box B and provide the requested information. **The enrollment fee is due at time of enrollment.** You may qualify for an enrollment fee waiver if you meet the following criteria:

1. Are you the designated purchaser for two or more accounts for Student Beneficiaries living at the same address? ☐ Yes ☐ No
2. Have you paid the maximum \$100 in enrollment fees on the accounts in Question 1? ☐ Yes ☐ No

If you answered yes to both of these questions, you may qualify for an enrollment fee waiver. Check box C and provide the GET account number (or SSN if you are opening the other accounts today and do not have an account number yet) and student name for the accounts where the \$50 enrollment fee has been paid. The enrollment fee waiver is subject to final approval by the GET Program.

Section 7 – Signature

Individual Purchasers must sign the enrollment form. If the Purchaser is a minor (under the age of 18), the Legal Guardian must sign the form and complete Section 8, Part C. For other types of Purchasers, the individual authorized to sign on behalf of the entity must sign the form. In the case of a trust, the trustee is usually the authorized representative. In the case of a non-profit organization or corporation, an officer of the entity is usually considered the authorized representative.

Section 8 – Other Persons *(Please Note: Only the Purchaser can make changes to the account.)*

Part A – If you want to name a Purchaser Survivor for this account, complete Part A. The Purchaser Survivor will become the owner of the account if the original Purchaser dies. All rights and obligations of this contract transfer to this Purchaser Survivor. If no Purchaser Survivor is listed, then all rights and obligations will automatically transfer to the Student Beneficiary. Note: If you want to authorize GET to release verbal information to the Purchaser Survivor, check the box and they will be included as an Information Release.

Part B – You may authorize GET to release information regarding your account to another person(s) such as a spouse, grandparent or guardian. If you wish to authorize someone (in addition to the Purchaser) to make verbal inquiries on this account, complete Part B.

Part C – **Only** complete this section if the Purchaser identified in Section 1 is less than 18 years old. A Legal Guardian must be designated when the Purchaser is a minor.

Section 9 – Demographic Information

This information is optional. However, it does give the GET Program a better understanding of our customers, which helps us when considering upgrades/improvements to the program.

Section 10 – Automatic Monthly Payment (ACH) Information – (Optional)

If you checked box A in section 5, complete this section. Completing this section authorizes GET to automatically deduct a monthly amount from your bank account to your GET account. Payments are deducted on the 15th of each month or the following business day. You may choose to make your custom monthly payment using this option, or you can opt to purchase lump sum units in this manner. Please provide information for the bank account holder. This person may be different than the person listed as the Purchaser on the account but you must include the authorizing signature of the bank account holder.